

## STATE OF TENNESSEE **DEPARTMENT OF EDUCATION**

BILL HASLAM GOVERNOR 6<sup>th</sup> FLOOR, ANDREW JOHNSON TOWER 710 JAMES ROBERTSON PARKWAY NASHVILLE, TN 37243-0375 KEVIN HUFFMAN COMMISSIONER

## MODEL FORM Religious Exemption from Vaccination(s)

Child's Name
Parent/Legal Guardian Name
Address
State Zip
Pursuant to Tennessee Code Annotated §49-6-5001(b)(2), I am declining vaccination(s) for my child because the vaccinations conflict with my religious tenets and practices.
I declare under penalty of perjury that the foregoing is true and correct.
Parent/Legal Guardian Signature
Date